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ATTORNEYS AT LAW**Fax**

Date: December 12, 2003

To: U.S. PTO

Fax #: 703-872-9306

Confirm#:

Group Art Unit: 2175

Client Matter#: 90005-408

From: Kevin A. Oliver

Sender's Number: 1241

User #:

Total Pages Sent (Including Cover Sheet): 5

Office: Boston

Message

Re: U.S. Patent Application No: 09/970,160 - Filed: October 2, 2001
Title: *Enhanced Method and System for Category Selection*
Inventor: Scott S. Lawton
Our ref: CTK-001.101 (21910-00101)

Dear Sir/Madam:

Enclosed are the following:

1. A Transmittal Form (1 pg.);
2. A Request for Withdrawal as Attorney or Agent Form *in triplicate* (3 total pages); and
3. This Fax Cover Sheet (1 page).

IMPORTANT - PLEASE READ

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

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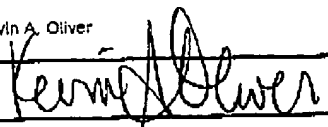
PTO/SB/21 (08-03)

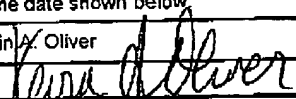
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----------------------|------------------------|---|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/970,160 | RECEIVED CENTRAL FAX CENTER DEC 12 2003 OFFICIAL |
| | Filing Date | October 2, 2001 | |
| | First Named Inventor | Scott S. Lawton | |
| | Art Unit | 2175 | |
| | Examiner Name | To be Assigned | |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | CTK-001.01 |

| ENCLOSURES (check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent; Fax Cover Sheet. |
| Remarks | | Customer Number : 25181 |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Kevin A. Oliver | |
| Signature |  | |
| Date | December 12, 2003 | |

| CERTIFICATE OF FACSIMILE TRANSMISSION | | | |
|---|---|------|-------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Kevin A. Oliver | Date | December 12, 2003 |
| Signature |  | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/83 (06-03)

Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

| | |
|------------------------|-----------------|
| Application Number | 09/970,160 |
| Filing Date | October 2, 2001 |
| First Named Inventor | Scott S. Lawton |
| Art Unit | 2175 |
| Examiner Name | To be Assigned |
| Attorney Docket Number | CTK-001.01 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are: On behalf of myself and as an authorized person to sign on behalf of the other attorneys and agents that are currently assigned or that were previously assigned to Customer No. 25181, we hereby apply to withdraw as attorneys or agents for the above-identified application in accordance with 37 CFR §10.40(c)(1)(vi) in that client has not paid outstanding bill and has instructed us to withdraw from this case.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

| | | | | |
|---|-------------------|-------|--------------|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Scott Lawton | | | |
| Address | Catchmaker | | | |
| Address | 24 Colonial Drive | | | |
| City | Chelmsford | State | MA | ZIP 01824 |
| Country | USA | | | |
| Telephone | 978-250-8404 | Fax | 732-967-0622 | |

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 25181

This request is enclosed in triplicate (including any attachments).

Name Kevin A. Oliver

Signature

Date December 12, 2003

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.